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Date

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Office Memo

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TO: PAUL CROUCH

FROM: JANE DUFF

DATE: JUNE 17, 1986

RE: BTS

PLEASE WELCOME ON THE AIR TODAY, KOOS BAY, CHANNEL 33, K33AO. IT IS AN "O" AND "O" STATION.

RICHMOND, CHANNEL 43, WAS HIT BY LIGHTENING LAST NIGHT AT 6 p.m. THEY WERE OFF THE AIR BETWEEN 6 and 9 p.m. ALL OF THE EQUIPMENT THAT WAS IN USE WAS DAMAGED, INCLUDING MASTER CONTROL, PRODUCTION SWITCHES, TWO TAPE MACHINES, THE AUDIO EQUIPMENT AND THE SATELLITE RECEIVER WAS DAMAGED BUT IS STILL IN WORKING ORDER. MERLE RUMMEL SEEMS TO THINK THAT THE LIGHTENING CAME THROUGH THE POWER THE TELEPHONE LINES LINE WHICH WAS NOT GROUNDED. WERE OUT BUT THEY ARE OPERATING WITH EMERGENCY EQUIPMENT AND THE TELEPHONES ARE OPERATING AT THE THEY ARE STILL EVALUATING THE PRESENT TIME. EXTENT OF THE DAMAGE AND PROBABLY WILL BE SOME-TIME BEFORE THEY ARE ABLE TO EXAMINE ALL OF THE

Docker No. 93 35 Fulls No. 78

Dispurities Consultation Office 38

Reporter C. Consol Office 38

Date QEU S. W.

EQUIPMENT TO SEE HOW EXTENSIVE THE DAMAGE IS.

THEY WERE BACK ON THE AIR AS OF 9:00 LAST NIGHT.

in the growing of the court of the property of the contract of the court of the cou

LATEST WORD IS THAT BEAUMONT WILL BE ON THE AIR SOMETIME TOMORROW.

JANE DUFF

Assistant to the

President

mmB Ex.

Inter-Office Memorandum

TO: ALL STAFF

FROM: PAUL CROUCH

DATE: JULY 14, 1986

Because of the unusual growth of the Network in recent months we find it necessary to develop a short term strategy to move us through this explosive growth phase over the next twelve to eighteen months (i.e. twenty-six stations under construction), and an organizational restructuring to serve us for the longer term.

The short term strategy will take the form of belt tightening at every possible level. All purchases will be looked at carefully. We will continue to have all purchase orders come through Phil Crouch's office for final review and approval. Department heads and station managers will be held responsible for keeping overtime to an absolute minimum. By careful management of Master Control engineers, Traffic personnel, maintenance engineers and even other personnel, the Master Control position CAN BE FILLED without excessive overtime. I am so serious about this that supervisory personnel should be on notice that their jobs are at stake based on how well they perform in this area!

The longer term restructuring involves the following:

Terry Hickey and Ben Miller will be moved to the positions of Network Vice Presidents, Terry in charge of Finance, and Ben continuing in charge of Engineering. George Murray will be moved Network Operations Director over both the Engineering and Production departments. In this capacity he will be responsible administratively for the personnel in both departments at Network headquarters and in a cooperative and advisory capacity with all affiliated station's engineering and production personnel through their respective station managers. Bob Fopma will continue as Production Director working with the advice and consent of George Murray with regard to scheduling of crews. In this way we will hope to achieve maximum utilization and efficiency by cross scheduling of personnel from both the Engineering and Production departments. \$\mathbb{F} Bo\mathbb{D}\$ will continue to work closely with Lindee Dressler in scheduling all existing and new productions. He will be responsible for quality control on all network and local production.



55221

Trinity Broadcasting Network P.O. Box C-11949 Santa Ana, California 92711

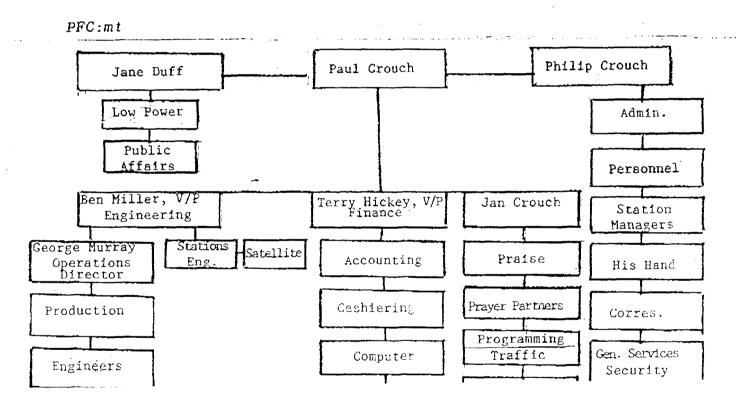
Dock 93 75 WW & We con 1 Dec 0 3 1933

Memo: All Staff July 14, 1986

Page 2

Attached is a portion of the administrative chart which will help clarify the new changes and responsibilities.

President



mm B E X 108

Department of the Treasury Internal Revenue Service (N)

For the calendar year 1985, or fiscal year beginning

Return of Organization Exempt from Income Tax Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

OM8 No 1545-0047

. 19

Note. You may be required to use a copy of this return to satisfy State reporting requirements. See instruction D

1985 and ending

	Name of organization	1			iber (see instruction 1)
IRS al	TRANSLATIN TV THE	<u> </u>	2	3553530)
uther	Address (number and street)	1		egistration number	(see instruction D)
Wise Picase	auta Michelle Veile]	09	97699	
print or type	Cry of toxist state, and ZIP code			ess changed, check t	N 2:6
	Tuetin, CA 92480		- 2001	Cas Changes, Check I	•
Accoun	pe of organization — Exempt under section \blacktriangleright \square 501(c) (3) (insert number). OR I string method \square Cash \square Accrual \square Other (specify) \blacktriangleright			1) trust Check here exemption	if application for its pending
Section	4947(a)(1) trusts filing this form in lieu of Form 1041, check here ▶ ☐ (see i			····	
G ts this a Es this a	a group return (see instruction J) filed for affiliates? Yes 🔀 No a separate return filed by a group affiliate? Yes 🔀 No	,		r, give four-digit grou	up exemption number
🛚 Chec	It here if your gross receipts are normally not more than \$25,000 (see instruction (BII) Youd	c not have	to file a completed re	iturn with IRS but
	to file a return without financial data if you were mailed a Form 990 Package (see				
	there if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,), III, IV, Vi, and VII and
501(c)(3)	organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 99	0). (See instr	uctions.)	These columns see inst	are optional— ructions
Part 4	Statement of Support, Revenue, and Expenses and Changes in Fund Balances	(A) T	ota	(B) Unrestricted: Expendable	(C) Restricted Nonexpendable
	1 Contributions, gifts, grants, and similar amounts received	Applichation :	Spirite.	!	
	Direct public support	Partition of			
	b Indirect public support	dilla dilla si			
	c Government grants	<i>Thilliannia</i>	ASAMMA		
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	 			
	2 Program service revenue (from Part IV, line f)				
1	3 Membership dues and assessments				
	4 Interest on savings and temporary cash investments				
	5 Dividends and interest from securities	ļ		<u> </u>	1
į	6a Gross rents		ulinik	domination (This office	and the super year or a second
3	b Minus: rental expenses	Pailled thire to	ininisthiithh	Sida Sila di	
6	c Net rental income (loss)	Ì			
6	7 Other investment income (Describe			Prillens de illen de	and filling the soul of the
9	8 a Gross amount from sale of Securities Other	10 10/01/2			
₹ ;	assets other than inventory	-{		all to be seen with this his	a stadion in the
upport and Revenue	b Minus: cost or other basis and	4.400.000.5	A STAND	SHOW HE SHOW THE SHOW	A thather the state of the second
9	sales expenses				Ontabilibilibilibilibilibilibilibilibilibil
	c Gain (loss) (attach schedule)				
	9 Special fundraising events and activities (attach schedule—see instructions)				
	Gross revenue (not including \$			Marie Survivation	
Ì	of contributions reported on line 1a)	2357167753		Auftier Gründlichte Gegenstein der Gründlichte	Managari ang mangari Managari ang mga sa
	b Minus direct expenses	* Shinishing to	nd SaldEM	Sungi xasusununun	Maitidhia Mahali Sara
	c Net income (line 9a minus line 9b) 10 a Gross sales minus returns and allowances	7887.5	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	1	1			
	 b Minus cost of goods sold (attach schedule) c Gross profit (loss) 	1		1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	·π
Ì		1			<u> </u>
	11 Other revenue (from Part IV, line g) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	NO	NE		
_	13 Program services (from line 44, column (B)) (see instructions)	1			
(beuses	14 Management and general (from line 44, column (C)) (see instructions)	643	842	13.	
2	15 Fundraising (from line 44, column (D)) (see instructions)			h line	
- -	16 Payments to affiliates (attach schedule—see instructions)		511 C		
1	17 Total expenses (add lines 16 and 44, column (A))		842		
	18 Excess (deficit) for the year (subtract line 17 from line 12)	1767	. 848>	 	O A PRO
P	19 Fund balances or net worth at beginning of year (from line 74,	100	7107		Ulia
Fund	column (A))	100	7,103>		
6	20 Other changes in fund balances or net worth (attach explanation)	 		.	

Dan	D)		Presented to	Docket No.	
		D iscontinu			3	Federal Column
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	\	130	1993		13	19

	1		
Form 990 (1985)	TERNETATION	1 1	1 26

Other program service activities (attach schedule)

1 Total (add lines a through e) (should equal line 44 column (B))

	not include amounts reported on lines 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	1. 4. 7:				
,	Specific assistance to individuals					
1	Benefits paid to or for members					
	Compensation of officers, directors, etc.					
	Other salaries and wages					-
1	Pension plan contributions					
[Other employee benefits					
,	Payroll taxes					
i	Professional fundraising fees					
	Accounting fees.	` ' ' \				
1	Legal fees					
•	Supplies					
1	Telephone					
1	·		187		187	
•	Postage and shipping				 	
ł	Occupancy				26,381	
1	Equipment rental and maintenance				- SU/ SU/	
	Printing and publications					
1	Travel					
	Conferences, conventions and meetings					
	Interest					
	Depreciation, depletion, etc. (attach sched					
4.3	Other expenses (itemize). a b RENT / LEASE		30,651		32,451	
1	b KENT / LEDSE		565	1	525	
	c OTHER OPERAL ME EN		5098	<u> </u>	5098	
	6 Utilities				1 - 5.0 / 6	
	e					
!	t		}	1		
			į.			
44	Total functional expenses (add lines 22 thr	ough 43)	14040		1.4845	
<u> </u>	Total functional expenses (add lines 22 thr Statement of Program Services		64,842		64,842	
Li: re		Rendered gh d; for each penses attrib	n, identify the servi		oduct(s) and	Expenses (Optional for some organizations—see instructions)
Lings	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total export the quantity provided.	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis filiates - for	ion_Program -Broadcasti	oduct(s) and the amount of Same	(Optional for some organizations—see
Lis re gr	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis filiates - for	ion_Program -Broadcasti	oduct(s) and the amount of Same	(Optional for some organizations—see
Lings	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis filiates - for	gram service and ion_Program -Broadcasti	oduct(s) and the amount of Same	(Optional for some organizations—see
Lis re gr	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis filiates - for	ion_Program -Broadcasti	oduct(s) and the amount of Same	(Optional for some organizations—see
Lings	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis filiates - for	ion_Program -Broadcasti	oduct(s) and the amount of Same	(Optional for some organizations—see
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Lings	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis. filiates - for- (Gi	ion_Program -Broadcasti	oduct(s) and the amount of Sampg - their Ons \$ None)	(Optional for some organizations—see
Lings	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis. filiates - for- (Gi	ion - Program - Broadcast-i	oduct(s) and the amount of Sampg - their Ons \$ None)	(Optional for some organizations—see
Lis re gr	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis. filiates - for- (Gi	ion - Program - Broadcast-i	oduct(s) and the amount of Sampg - their Ons \$ None)	(Optional for some organizations—see
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Lis re gr	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis. filiates - for- (Gi	ion - Program - Broadcast-i	oduct(s) and the amount of Sampg - their Ons \$ None)	(Optional for some organizations—se
Lis re gr	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis. filiates - for- (G	ion Program Broadcast-i	oduct(s) and the amount of Sang-their ons \$ None)	(Optional for some organizations—see
Lings	Statement of Program Services at each program service title on lines a throughout the quantity provided. Enter the total exants and allocations included in that total. (Servenuesrepresentchargeste	Rendered gh d; for each penses attrib See instructio of Relig O Non-Af:	n, identify the servi outable to each pro- ins for Part III) ious. Televis. filiates - for- (G	ion - Program - Broadcast-i	oduct(s) and the amount of Sang-their ons \$ None)	(Optional for some organizations—see

(Grants and allocations \$

(Grants and allocations \$

Total fund balances or net worth (see instructions)

Total liabilities and fund balances/net worth (see instructions)

	(A) Name and address	(B) Title and average thours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
-	See Statement N	lo. 2			
					1
-					
-					
7	VII Other Information				Yes N
	If "Yes," attach a detailed description of the activities. Have any changes been made in the organizing or gove. If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross. If "Yes," have you filed a tax return on Form 990-1. If the organization has gross sales or receipts filestement explaining your reason for not reporting.	income of \$1,000 or mo Exempt Organization Bi rom business activities them on Form 990 T.	re during the year cousiness Income Taxonot reported on Fo	Return, for this your grown 990-T, attac	ear? NA
	Was there a liquidation, dissolution, termination, or sub If "Yes," attach a statement as described in the instrui		ng the year (see inst	ructions)?	
	If "Yes," enter the name of the organization • Second Test amount of political expenditures, direct or income Tax Rets Did your organization receive donated services or it substantially less than fair rental value? If "Yes," you may indicate the value of these items he	and check whether in direct, as described in the corn for Certain Political One use of materials, equater. Do not include this a	t is exempt of instructions rearractions for this imprement or facilities	year?	NIA
	in Part I or as an expense in Part II. See instructions for Section 501(c)(5) or (6) organizations — Did the or opinion about legislative matters or referendums (see if "Yes," enter the total amount spent for this purpose	ganization spend any a- nstructions and Regulation	'	•	iblic N/ A
	 Section 501(c)(7) organizations.—Enter amount of. Initiation fees and capital contributions included to Gross receipts, included in line 12, for public use c. Does the club's governing instrument or any written because of race, color, or religion (see instructions). 	on line 12 of club facilities (see instended provi		r. against any per	SON WA
	 Section 501(c)(12) organizations —Enter amount of. Gross income received from members or sharehold Gross income received from other sources (do not against amounts due or received from them) 	ders	d to other sources		
•	Public interest law firms —Attach information describ List the State: with which a copy of this return is filed				andreas de la companya de la company
	During this tax year did you maintain any part of your a The books are in care of ► Trinity Broadcas	ccounting/tax records or ting Network Tele	a computerized sys	tem?	~//
	Under penalties of perjury, I declare that I have examined t	his return, including accompany	ring schedules and staten	nents, and to the best	of my knowledge as
, -	Se belief it is true, correct, and complete. Declaration of prepar	CONTRACTOR OF THE CONTRACT OF	TENTING GENERAL COLUMNITION OF MILITERS	Prehatel trasmit allow	

LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

		•		CONTRIB TO	_•
NAME		TIME COMPE	MOLTARN	EMPLOYEE BENEFIT PLAN	EXPENSI ACCOUNT
4	PAUL F CLOUCH	PRESIDENT			
5	NEWPERT FERCH CA.	R: NEFOED	MINE	NONE	NUNE
7	TENTORY LEMENTER				
£					
9	JANE Luff	VICE THE			,
10	15052 Humphipey Circle	A: NEEDED	NONE	Norte	NONE
11 12	IRVINE, CA	······································			.
13					•
14	LAVID ESPINOZE	SEC /TREAS			
15		AS NECUED	1/2 NE	NOME	NONE
	SAN FRANCISCO, CA				
17	-				-
15	Thillip CROUCH	ASST SEC			
20	3712 SERCLIST	AS HEEDED	NoNC	North	NONE
21	Sinta ANF , CA				:
22 '					:
24					
25	· · · · · · · · · · · · · · · · · · ·				
26	Fig. 1. Section 1. Sec		:	•	
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34 15		. : . i i	1		•
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31			<u>.</u>		(1 179 0
39 ₍₇		$\begin{array}{cccccccccccccccccccccccccccccccccccc$			

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust Supplementary Information

Attach to Form 990.

OMB No 1545-0047

Name			Employer Identification	on numbe	н	
TRINSIAMA TIV THE			95 3553	3530	5	
Part Compensation of Five Highest Paid (Other than Officers, Directors, and	Employees	c instructions)				
Name and address of employees paid more than \$30,000.	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	ani	se accou d other swances	-
						<u></u>
Total number of other employees paid ove	r None					
Part II Compensation of Five Highest Paid (See specific instructions)		al Services			-	<u> </u>
Name and address of persons paid in	nore than \$30,000	Type of	service	Con	npensat	(ion
		•				
<u> </u>						
Total number of others receiving over \$30,000 for professional services	None					
Part III Statements About Activities					Yes (1)	No (2)
1 During the year have you attempted to infli		ocal legislation, includi	ng any attempt to	1		X
influence public opinion on a legislative matter					200000	
If "Yes," enter the total expenses paid or incur		-			3 1.1(11/1-9)	
Complete Part VI of this form for organization statement. For other organizations checking " activities and a classified schedule of the exper	Yes," attach a statement gr	. , ,		*********		
2 During the year have you, either directly or in principal officer or creator of your organizal affiliated as an officer, director, trustee, major a Saie, exchange, or leasing of property?	tion, or any organization o	ir corporation with wh			Tichen	y
	radit?			2b	Ī	ì
b Lending of money or other extension of co				20	1	,
c Furnishing of goods, services, or facilities				2d	†	,
d Payment of compensation (or payment or):	2e	 	7
 Transfer of any part of your income or ass If the answer to any question is "Yes." atta 					A Tillion	Malla
- · · · · · · · · · · · · · · · · · · ·		-			William Control of the Control of th	
 Attach a statement explaining how you determ in furtherance of your charitable programs qua- Do you make grants for scholarships, fellowsh 	olify to receive payments. (S	_				
For Paperwork Reduction Act Notice, see page 1 of th		1 form	Schadul	le A (Fer	m 990	199
TOT I SPECIMENT RESULCTION PACE TOURS AND PAGE 3 OF IL	perate mad actions to till	• 1V: 111,	301.4041	(1)	3	,

26 Organizations described in box 10 or 11.
 a Enter 2% of amount in column (e), line 24.
 b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1981 through 1984 exceeded the amount shown in 26a. Enter the sum of all excess amounts here.

24 Line 23 minus line 17
 5 Enter 1% of line 23

North

7				d 17, showing the name of, a namounts for each year	nd total amounts received (in each year from
		(1984)	(1983)	(1982)	(1981)	
		Attach a list showing for persons 1) from whom the	1981 through 1984, the nare organization received more	me and amount included in line or during that year, than the lar rough 11 as well as individual:	ger of the amount on line	25 for the year or
		(1984)	(1983)	(1982)	(1981)	
8	list	(not open to public inspe-	ction) for each year showing	ee 2, that received any unusua the name of the contributor, t e grants in line 15 above. (See	he date and amount of the	
Par	V	Private School Ques To Be Completed Of	tionnaire NLY by Schools that Che	cked Box 6 in Part IV	N/A	
29	gov	verning instrument, or in a	resolution of your governing	-		Yes No (1) (2)
30	cat	•		minatory policy toward stude: public dealing with student a	•	30
31	soli the	icitation for students or depolicy known to all parts (uring the registration period of the general community you	ly by newspaper or broadcast rill you have no solicitation proguserve? you need more space, attac	gram, in a way that makes	31
32	Do	you maintain the followin	£			Manual manifest
-		•	=	ent body, faculty, and administr	ative staff?	32a
	b	Records documenting nondiscriminatory basis?		ner financial assistance are	awarded on a racially	3 2b
	c			, and other writter- communica	tions to the public dealing.	33-
			programs, and scholarship:			32c
	đ	•		solicit contributions?		
3 3	Do	by you discriminate by race	in any way with respect to			
		Students' rights or privile	gger ⁹			33a
	ь	Admissions policies?				33b
	c		r administrative staff?			3 3c
	d	•	ancial assistance (see instruc	itions)?		33d '
	e	Educational policies?				i 3 31
	1	Use of facilities?				33g
	g h	Athletic programs? Other extra-curricular ac				33h
	51			se explain. (If you need more		
		Do you receive any financi	al aid or assistance from a pr	overnmental agency?		34a
	- 1	DO JOU ICCCITE DITY IMBRE	a. a.d a. addingonge nom o go	овене		34b.

Calendar year (or fiscal year beginning in)	(a) 1985	(b) 1984	(c) 1983	(d) 1982	(e) Total
15 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of fine 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(€))		Mahanis Salah Mahanis Salah	1 3 A		
50 Grassroots lobbying expenses (see instructions)					

◆U.S.GPO 1985-0-4€3-0€3- ◆E (≠430€1432£



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MAY, DUNNE & GAY ATTORNEYS AT LAW

July 18, 1986

Suite 515
Washington, D.C. 20005
(202) 466-6220

Paul F. Crouch Trinity Broadcasting Network, Inc. P.O. Box Cl1949 Santa Ana, CA 92711

FOR SERVICES RENDERED JUNE 6 THROUGH JULY 11, 1986:

PREVIOUS BALANCE: LESS PAYMENT RECEIVED 7/11/86: BALANCE FORWARD:

SERVICES RENDERED:

ATTY. TIME

CLERK TIME

Samuel Committee Com

TBA
TBD
TBI
TBN GEN
TBNY
TBOC
TBF
TEW
CET
CTT
TBT
TOTAL HOURS:

TOTAL SERVICES RENDERED:

DISBURSEMENTS

DLY. CLIENT WORD FED. MEMOS TRAVEL EXP. CHG. XEROX PHONE POSTAGE PRO. TBT TBA TBD TBF TBI TBN GEN TBNY TBOC TBW

TOTALS
TOTAL DISBURSEMENTS:

CIT

TOTAL DUE AS OF JULY 11, 1986:

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TRINITY BROADCASTING NETWORK, INC. (TBN) AND SUBSIDIARY AND AFFILIATES AUDIT REPORT DECEMBER 31, 1985